

Re-Issued

**Health Care Authority
Olympia, Washington**

To: All Providers
Managed Care Organizations

Memo: 11-50
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From: Doug Porter, Director
Health Care Authority

For information contact:
1-800-562-3022, or go to:
<http://hrsa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Physician-Related Services/Healthcare Professional Services: Prior
Authorization Requirements for Outpatient Advanced Imaging**

Effective for dates of service on and after October 1, 2011, the Health Care Authority (the Agency) will require web-based prior authorization requests for covered outpatient advanced imaging services performed on eligible Medicaid clients.

Background Information

In 2009, the Washington State Legislature directed state agencies to create an Advanced Imaging Management Work Group (AIM) to identify evidence-based best practice guidelines for outpatient advanced imaging, the workgroup activities extended through early 2011. AIM recommended that State agencies implement the following work group findings:

- Evidence-based checklists for certain high-cost, high-use imaging; and
- Web-based utilization review.

The requirements for the Work Group are in chapter 70.250 RCW, Advanced Diagnostic Imaging Work Group. Complete information on the Work Group findings is at <http://www.hta.hca.wa.gov/aim.html>

What is Changing?

The Agency and Qualis Health are partnering to provide web-based access for utilization review and prior authorization (PA) for outpatient advanced imaging services. OneHealthPort will provide secure access and logon. OneHealthPort is an online portal that provides a single secure access to a number of health plans.

Note: The prescribing provider, performing provider, or radiology company request authorization. Billing entities such as clearinghouses *do not* request authorization through Qualis.

Qualis Health's outpatient advanced imaging webpage is now available to register for secure access. For more information about this process, see the Healthcare Professionals section online at: <http://www.qualishealth.org>. Qualis Health will add more information as it becomes available.

What Should Providers Do to Prepare for This Change?

To prepare for this change providers should:

- Register as a provider with OneHealthPort;
- Become familiar with the criteria that will be applied to your requests; and
- Begin using iEXCHANGE® upon completion of the registration process and receipt of logon and password information.

To register on the OneHealthPort, go to the registration page at:
http://www.onehealthport.com/services/Qualis_prere2.php

For more information about the web-based utilization review, go to iExchange® online at:
<http://www.qualishealth.org/healthcare-professionals/iexchange>.

When Do Online Authorizations Start?

If covered procedures are needed for eligible Medicaid clients for dates of service on and after October 1, 2011, then authorization must be requested online.

If procedures are needed for:	Authorization must be requested:
Dates of service <i>before</i> October 1, 2011	Through the Agency
Dates of service on and after October 1, 2011	On and after September 15, 2011 online through Qualis Health

Outpatient Advanced Imaging

Effective for dates of service on and after October 1, 2011, the Agency will require PA be processed through Qualis Health for the following outpatient advanced imaging services:

Magnetic Resonance Imaging (MRI)			
Head	70551	70552	70553
C - Spine	72141	72142	72156
L- Spine	72148	72149	72158
Upper Extremity	73221	73222	73223
Breast	77058	77059	C8903*
	C8904*	C8905*	C8906*
	C8907*	C8908*	
Lower Extremity	73721	73722	73723

*Required for outpatient hospital claims

Computed Tomography (CT)			
Head	70450	70460	70470
Abdomen	74150	74160	74170
Pelvis	72192	72193	72194
Abdomen& Pelvis	74176	74177	74178

Cardiac Imaging	
Ht muscle image spect sing	78451
Ht muscle image spect mult	78452
Ht muscle image planar sing	78453
Ht musc image planar mult	78454

PET Scans	
Brain	78608
Limited Area	78811
Skull base to mid thigh	78812
Full Body	78813

PET-CT Scans	
Limited Area (Chest, head, neck)	78814
Skull base to mid thigh	78815
Whole body	78816

Effective for dates of service on or after October 1, 2011, the Agency will no longer require prior authorization for the following codes:

Code	Short Description
75572	Ct hrt w/3d image
75573	Ct hrt w/3d image congen
75574	Ct angio hrt w/3d image
78459	Heart muscle imaging (PET)

Note: The PA requirement is only applicable to diagnostics done as urgent, elective and scheduled. This does not apply to diagnostics done in association with an emergency room visit or inpatient hospital setting.

Some radiology codes continue to require PA from the Agency, but not from Qualis Health. Please check the fee schedule online at: <http://hrsa.dshs.wa.gov/RBRVS/Index.html>.

Retroactive Authorization

The Agency considers retroactive authorization only when the client's eligibility is verifiably approved after the date of service, but retroactive to a date(s) that includes the date that the procedure was performed.

Effective for dates of service on and after October 1, 2011, the Agency will require providers to obtain authorization on an increased number of procedures. When requesting retroactive authorization for a required procedure, providers must check authorization requirements for the "date of service" that the procedure was performed.

Retroactive requests for authorization with dates of service:	Authorization will be reviewed by:
Prior to October 1, 2011.	The Agency.
On and after October 1, 2011.	Qualis Health using the OneHealthPort decision making tool.

Qualis Health Reference Numbers

Upon successful completion of the checklist questionnaire, you will receive a nine-digit case number starting with the prefix 913 (e.g. 913-xxx-xxx). **This number is not an authorization number.** Do not perform or bill for the above outpatient advanced imaging procedures until you receive an approval letter from the Agency that gives you an Agency-issued authorization reference number.

If the authorization record needs to be updated after the authorization has been given, please submit a PA Pend Form as described in the [ProviderOne Billing and Resource](#) Guide, on pages 62 and 63.

Physician Billing Requirements

Outpatient advanced imaging services do **not** require PA when billed with place of service (POS) 21 (Inpatient Hospital) or 23 (Emergency Room). If you are billing for a professional component performed in a POS other than POS 21 or 23 (e.g. radiologist office), but the image performed is on a client in the ER, or an Inpatient setting, enter “client in ER” or “client Inpatient” in:

Paper Billers	Electronic billers
Box 19 on the CMS-1500 Form	In the Comments section

Effective for dates of service on and after October 1, 2011, the Agency will update the *Physician-Related Services/Healthcare Professional Services Billing Instructions* with the following changes:

Reason for Change	Effective Date	Section/Page No.	Subject
Web based authorization process	October 1, 2011	D.31	Prior Authorization Requirements for Outpatient Advanced Imaging

How Can I Get Agency Provider Documents?

To download and print Agency provider numbered memos and billing instructions, go to the Agency website at: <http://hrsa.dshs.wa.gov> (click the **Billing Instructions and Numbered Memorandum** link).